Fill in this information	to identify your case:	
Debtor 1	Eric L Powell, Sr.	
Debtor 2 (Spouse, if filing)		
United States Bankrup	otcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA	
	-11347	Check if this is:
(If known)		An amended filing
		☐ A supplement showing postpetition chapter 13 income as of the following date:
Official Form	<u> 1061</u>	MM / DD/ YYYY

## Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Describe Employment							
1.	Fill in your employment information.		Debto	r 1	Debtor 2 or non-filing spouse			
	If you have more than one job,	Formula and adaptive	■ Em	ployed	☐ Employed			
	attach a separate page with information about additional	Employment status	☐ Not	employed	■ Not employed			
	employers.	Occupation	Corre	ctional Corporal				
	Include part-time, seasonal, or self-employed work.  Employer's name		Delaw	vare State Corrections				
	Occupation may include student or homemaker, if it applies.	Employer's address		lckee Road r, DE 19904				
	How long employed		nere?	3 Years, 4 Months	_			

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross Income. Add line 2 + line 3.

4. \$

			non-fili	non-filing spouse					
2.	\$	3,856.54	\$	0.00					
3.	+\$	3,120.22	+\$	0.00					
4.	\$	6,976.76	\$	0.00					

For Debtor 2 or

For Debtor 1

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Debt	tor 1	Eric L Powell, Sr.	-	(	Case	number (if kn	own)	20-	11347		
	Cor	py line 4 here	4.		For	Debtor 1 6,976	76		r Debtor n-filing s		_
	·		٦.		Ψ_	0,370	.70	Ψ_		0.00	<u></u>
5.		t all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	58		\$ \$	1,014		\$_		0.00	_
	5b. 5c.	Mandatory contributions for retirement plans Voluntary contributions for retirement plans	5k 5d		\$ -		.00	\$_ \$		0.00	_
	5d.	·	50		\$ _		.00	\$_		0.00	_
	5e.	Insurance	56		<b>\$</b> -	720		\$-		0.00	_
	5f.	Domestic support obligations	5f		\$		.00	\$		0.00	_
	5g.	Union dues	50	g.	\$	0	.00	\$		0.00	<u> </u>
	5h.	Other deductions. Specify:	_ 5h	า.+	\$	0	.00	+ \$		0.00	)
6.	Add	d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_	1,735	.00	\$_		0.00	<u>)                                    </u>
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	5,241	.76	\$_		0.00	<u>)                                    </u>
8.	List 8a.	profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total				_					
	Oh	monthly net income.  Interest and dividends	88		\$ \$		.00	\$_ \$		0.00	
	8b. 8c.	Family support payments that you, a non-filing spouse, or a dependent	8k	٥.	Φ_	U	.00	Φ_		0.00	<u> </u>
	00.	regularly receive									
		Include alimony, spousal support, child support, maintenance, divorce	_			_		•			
	0.1	settlement, and property settlement.	80		\$_		.00	\$_		0.00	
	8d. 8e.	• • • •	80 86		\$_ \$		.00	\$_ \$		500.00	_
	8f.	Other government assistance that you regularly receive	06	<del>5</del> .	Ψ_	U	.00	Ψ_		0.00	<u>'</u>
	0	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	e 8f		\$	0	.00	\$		0.00	
	8g.	Pension or retirement income	- 80 80		<b>\$</b> -		.00	\$-		0.00	_
	8h.		-	า.+	\$		.00			0.00	_
_		· · · · · · · · · · · · · · · · · · ·	_	Г							_
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.			0	.00	\$_		500.0	10
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		5,241.76	+ \$		500.00	= \$	5,741.76
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		-		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	-			' -	<b>0,1 0</b>
11.	Incl othe Do	te all other regular contributions to the expenses that you list in Schedule lude contributions from an unmarried partner, members of your household, your er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not excity:	dep						Schedule	∍ J. +\$	0.00
12.		d the amount in the last column of line 10 to the amount in line 11. The restet that amount on the Summary of Schedules and Statistical Summary of Certain slies							e. 12.	\$	5,741.76
13.	_	you expect an increase or decrease within the year after you file this form	?							Combi	ned ly income
		No. Yes Explain: head Change: site will be closing									

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